
OLR Bill Analysis

SB 438

AN ACT CONCERNING CERTIFICATION OF STROKE CENTERS.

SUMMARY:

This bill requires the Department of Public Health (DPH) to (1) develop and implement a plan to achieve continuous quality improvement in providing stroke patient care and the stroke response system and (2) establish a process to recognize primary stroke centers. DPH must designate any Joint Commission-certified hospital as a primary stroke center. The Joint Commission is a nonprofit organization that accredits health care organizations for meeting certain stroke care and support standards.

By June 1, 2015 annually, the public health commissioner must report to the Public Health Committee on improvements to stroke treatment and response in the state.

The bill also requires acute care hospitals to (1) comply with the American Heart Association and American Stroke Association guidelines concerning treatment of stroke; (2) establish written care protocols for treating certain stroke patients, including transferring such patients to a primary stroke center if necessary; and (3) participate in the American Heart Association's stroke data collection program.

In addition, it requires DPH's Office of Emergency Medical Services (OEMS) to (1) adopt a nationally recognized stroke assessment tool and (2) establish stroke care protocols for emergency medical services (EMS) organizations.

EFFECTIVE DATE: October 1, 2014

DPH STROKE RESPONSE PLAN

The bill requires the public health commissioner, in implementing

the plan to achieve improvements in stroke care and response, to:

1. develop incentives and provide assistance for sharing information and data relating to stroke among health care providers;
2. facilitate communication among, and the analysis of health information and data by, health care professionals providing care to stroke patients;
3. ensure evidence-based treatment guidelines are followed in transitioning stroke patients to outpatient care following a hospital discharge for acute stroke treatment;
4. require primary stroke centers and EMS organizations to report data on treating stroke patients (no data may contain patient-identifiable information);
5. analyze reported data; and
6. maintain a secure database with information on stroke care in accordance with the American Heart Association, American Stroke Association, National Centers for Disease Control and Prevention, and Joint Commission guidelines.

OEMS STROKE ASSESSMENT TOOL AND CARE PROTOCOL

By January 1, 2015, OEMS must publish a nationally recognized stroke assessment tool on its website and provide a written description to each EMS organization, who must implement the tool within 30 days after receipt.

OEMS, in consultation with the EMS advisory board, must establish care protocols for EMS organizations on assessing, treating, and transporting stroke patients. The program may include a plan for triaging and transporting acute stroke patients to the nearest primary stroke center within a specified time from the onset of symptoms. By June 1 of each year, OEMS must provide each EMS organization a list of primary stroke centers, which may include ones in areas of Rhode

Island, New York, and Massachusetts that border Connecticut. OEMS must also post this list on its website.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 26 Nay 0 (03/21/2014)